Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

page with the full list of names.)

with the full list of names.)

JAN -6 2017

CLERK, U.S. DISTRICT COURT WEST. DIST. OF PENNSYLVANIA

United States District Court

for the District of Division Case No. (to be filled in by the Clerk's Office) Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. Jury Trial: (check one) If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

write "see attached" in the space and attach an additional page

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Street Address City and County State and Zip Code Telephone Number E-mail Address

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

| Pro Se 1 (Rev. 12/16) Complaint for a Civil Case | |
|--|-------------------------|
| Defendant No. 1 | |
| Name | Citizens Banley |
| Job or Title (if known) | 5 D. O. BOY 7000 10 |
| Street Address | Providence 9901 Wood St |
| City and County | (RI 02940 SWIKinstoura |
| State and Zip Code | Pen#3W/Vaniz, 15221 |
| Telephone Number | 412-244-4100 |
| E-mail Address (if known) | |
| Defendant No. 2 | \ |
| Name | Citizens Bank |
| Job or Title (if known) | |
| Street Address | 901 Wood Stevel |
| City and County | Wilkinspiner |
| State and Zip Code | Pennsylvania 15221 |
| Telephone Number | 412-244-4100 |
| E-mail Address (if known) | |
| Defendant No. 3 | |
| Name | |
| Job or Title (if known) | |
| Street Address | |
| City and County | |
| State and Zip Code | |
| Telephone Number | |
| E-mail Address (if known) | |
| Defendant No. 4 | |
| Name | |
| Job or Title (if known) | |
| Street Address | |
| City and County | |
| State and Zip Code | |
| Telephone Number | |
| E-mail Address (if known) | |

| | Pro Se | 1 (| Rev. | 12/16 |) Complain | t for a | Civil | Case |
|--|--------|-----|------|-------|------------|---------|-------|------|
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II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

| What | -/ 1 | sis for fe ral quest | cion Check all that apply) Diversity of citizenship | |
|-----------------|-----------------|-------------------------|---|-------------------------|
| Fill ou | it the par | ragraphs | in this section that apply to this case. | |
| A. | If the | Basis fo | r Jurisdiction Is a Federal Question | |
| (1) (2) (3) (B. | are at i | issue in SM3 200 | of Disclosure: FRRA and 468. roprietion of Francis: 18US Company Trand (18 U.S. Code 1344) 18 | |
| | 1. | | aintiff(s) | |
| | | a. | If the plaintiff is an individual The plaintiff, (name) State of (name) | , is a citizen of the |
| | | b. | If the plaintiff is a corporation The plaintiff, (name) under the laws of the State of (name) | , is incorporated |
| | 2 | same i | and has its principal place of business in the State of (name) ——————————————————————————————————— | onal page providing the |
| | 2. | The D | efendant(s) | |
| | | a. | If the defendant is an individual | |
| | | | The defendant, (name) | , is a citizen of |
| | | | the State of (name) (foreign nation) | . Or is a citizen of |

| | | b. | If the defendant is a corporation | |
|------|--|--|---|---|
| | | | The defendant, (name) | , is incorporated under |
| | | | the laws of the State of (name) | , and has its |
| | | | principal place of business in the State of (name | |
| | | | Or is incorporated under the laws of (foreign na | tion) , |
| | | | and has its principal place of business in (name | |
| | | | e than one defendant is named in the complain nformation for each additional defendant.) | t, attach an additional page providing the |
| | 3. | The A | mount in Controversy 250,000,00 | |
| | 2, 6 | stake- Send | nount in controversy—the amount the plaintiff of s more than \$75,000, not counting interest and from Plaintiff the death of similar than a work of the plaintiff of the same in which plaintiff the sa | costs of court, because (explain): Soud would not correct my left and 2 Rabat Smith took out f had no correct of of said contain |
| III. | Statement of C | 10∕0 4 | wesa prespenso pres partic | or involved in the heapt stions, |
| (| involved and we the dates and play write a short and the manner of the m | hat each laces of d plain | plaintiff is entitled to the damages or other relia defendant did that caused the plaintiff harm on that involvement or conduct. If more than one statement of each claim in a separate paragraph of Frances in Additional and that was the Robert Both and were deducted one plaintiff only received one Plaintiff of Frances Detendant | r violated the plaintiff's rights, including claim is asserted, number each claim and. Attach additional pages if needed. Sank cashed 2 check from the thorough the plaintiff for Cooping and of Check for Cooping the plaintiff's account. |
| IV. | Relief | due t Defor Ned | Naintlet of Frand. Defendant of Defendant of Standard of Standard of Defendant of D | , that Plaint' It had no concept. out a boan in which Plainth It siwis. |
| | State briefly an arguments. Inc the amounts of | d precis lude any any acti mplary (| ely what damages or other relief the plaintiff as basis for claiming that the wrongs alleged are all damages claimed for the acts alleged and the damages claimed, the amounts, and the reasons | continuing at the present time. Include the basis for these amounts. Include any |
| | Plantiff | 25k | is that In Defordant docrect | r Plantitt credit |
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| | es for | on f | dsylocation of 2 loan conde | et in which the |
| | Plaintif | f m | wor had a boon with diffice | o's Bank |
| (3) | Plaintell | A Da | ks for Quartive damas . In | amb 19t 250,000,00 Page 4 of 5 |
| | Plandiff | 20ks | to los punitive damages in to los this smout due to before discover and of | Lond's 20th against flaintith |

| Pro Se 1 (Rev. 12/16) Complaint for a Civil | Pro | 6) Complaint for a C | Rev. 12/16) |
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V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

| | Date of signing: Jewn. 3, 2017 |
|----|---|
| | Signature of Plaintiff Printed Name of Plaintiff Plantiff Plantiff Plantiff |
| В. | For Attorneys |
| | Date of signing: |
| | Signature of Attorney |
| | Printed Name of Attorney |
| | Bar Number |
| | Name of Law Firm |
| | Street Address |
| | State and Zip Code |
| | Telephone Number |
| | E-mail Address |